



Connecticut General Assembly – Insurance and Real Estate Committee
Public Hearing – March 17, 2022
SB 415

Testimony of Laura Hoch,
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Senator Lesser, Representative Wood, Senator Hwang, Representative Pavalock-D’Amato and members of the Insurance and Real Estate Committee, thank you for the opportunity to submit testimony on SB 415, An Act Concerning Step Therapy, Adverse Determination, and Utilization Reviews, and how it may impact individuals living with multiple sclerosis (MS).

MS is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms vary from person to person and range from numbness and tingling to walking difficulties, fatigue, dizziness, pain, depression, blindness, and paralysis. The progress, severity, and specific symptoms of MS in any one person cannot yet be predicted, but advances in research and treatment are leading to better understanding and moving us closer to a world free of MS. Nearly 1 million people in the United States are currently living with MS. When someone is diagnosed with MS, their clinician will typically prescribe a medication referred to as a disease-modifying therapy (DMT). DMTs are used to modify the disease course, treat relapses, and manage symptoms. Growing evidence indicates that early and ongoing treatment with DMTs is the best way to prevent the accumulation of disability and protect the brain from permanent damage due to MS.

Patients (including people living with MS) and healthcare providers have voiced concern regarding the potential adverse effects of step therapy when it is not paired with protections for patients. Step therapy protocols transition medical decisions from a shared decision-making approach, between the provider and the patient, towards more standardized policies that focus on cost-effective care. These policies may not take into account detailed conversations between healthcare providers and patients, as they discuss the right medication for each person—factoring in things like efficacy, dosage, route of administration and side effects. All of this is why we are so glad that the Connecticut General Assembly took action several years ago to ensure that there were exceptions to this process clearly outlined in law.

Now, with SB 415, we think there are two components of the bill that are much needed next steps in patient protection. First, in Section 3(7)(A)(i), the language change to a requirement that the reviewer be in the same specialty is crucial. Even within similar specialties, treatment and understanding of a complex disease such as MS is vastly different. In order to guarantee that the review of an exceptions



request is performed by someone who will truly understand what the provider has submitted, it needs to be done by a neurologist specializing in MS who understands the disease.

The second part of this legislation that we see as critical to strengthening patient protections is in Section 4(a)(2)(D). Shifting the burden of proof from the provider and patient to the health carrier helps to guarantee that decisions are truly being made in the best interest of the patient. At the time of prescription, the provider and patient have already spoken at length about the various options for DMTs and have identified which drug will work best; they have prescribed a specific medication *because* it is medically necessary. Forcing the provider to go back and offer additional proof takes time that would be better spent treating patients. If the health carrier feels that a drug is not medically necessary despite a provider's indication otherwise, it should be the responsibility of that health carrier to prove their claim.

Regarding the remainder of the legislation, while we understand the intent of the language, we are neutral. If the original step therapy legislation, including the exceptions process and timeline for a decision from insurers, is not working as intended, we suggest that this committee investigate why the law as currently written is not adequately addressing concerns of providers and patients in Connecticut. An investigation by the Insurance Commissioner's Office may lead to a better understanding of what is needed to address this issue.

The National MS Society urges this committee – and the larger legislative body – to pass Section 3(7)(A)(i) and Section 4(a)(2)(D) of SB 415. These two sections of the bill will help to guarantee further protections for people living with MS and many other chronic illnesses in Connecticut.

Please contact me if I can be of further assistance: laura.hoch@nmss.org or (860) 913-2550 X52521.